

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101554634

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2				1			
3				2			
4				1			
5				1			
6				1			
7				1			
8				2			
9				1			
10				1			
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50							
TOTAL IND.		↓	1	↓		↓	
TOTAL DEP.	←		1	←		←	
TOTAL CLAIMS			12				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.		↓			↓		
TOTAL DEP.	←		1	←		←	
TOTAL CLAIMS			12				